PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

| CURRENT CORRESPOND | ENCE ADDRESS (Note: Use BI | ock ! for any change of address) | | | | |
|--|--|---|---|---|--|---|
| 52835 | 7590 10/30 | /2009 | | | | |
| HAMRE, SCH | UMANN, MUEL | LER & LARSON | , P.C. | | | |
| P.O. BOX 2902 | | | | | // | 1 |
| MINNEAPOLIS | 5, MN 55402-0902 | | | | | *************************************** |
| | | | La | uren Sindt | | (Depositor's name |
| | | | | | | (Signature |
| | | | / <u>N</u> | ovember(10, 2009 |) | (Date |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | ATI | ORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/578,129 05/02/2006 | | | Shigeki Yoneda | | 13041.1004USWO | |
| TITLE OF INVENTION | : COATING TOOL | | U | | | |
| | | | | | | |
| | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1510 | \$300 | \$0 | \$1810 | 02/01/2010 |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | | | |
| WALCZAK, ĐAVID J | | 3751 | 401-142000 | • | | |
| 1. Change of corresponde | ence address or indicatio | n of "Fee Address" (37 | 2. For printing on the p | | | |
| CFR 1.363). | ondence address (or Cha | nge of Correspondence | (1) the names of up to | 3 registered patent attovely, | rneys Hamre, Se | |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | (2) the name of a single firm (having as a member a 2 | | | |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. | | | | | | |
| 3. ASSIGNEE NAME A | ND RESIDENCE DATA | A TO BE PRINTED ON | THE PATENT (print or ty) | ne) | | |
| PLEASE NOTE: Uni | ess an assignce is ident | fied below, no assignee | data will appear on the p T a substitute for filing an | atent. If an assignee is | identified below, the d | ocument has been filed fo |
| (A) NAME OF ASSIC | | stellon of this form is NO | (B) RESIDENCE: (CITY | | | |
| Sakura Color Pro | | | Osaka-shi, Japan | | | |
| Sakura Color Fro | ducts Corporation | | oomin on, rapan | | | |
| Please check the appropri | iate assignee category or | categories (will not be pr | rinted on the patent): | Individual 🗹 Corpora | ition or other private gr | oup entity 🚨 Governmen |
| 4a. The following fee(s) a | we submitted: | 41 | b. Payment of Fee(s); (Plea | ise first reapply any pr | eviously paid issue fee | shown above) |
| ☑ Issue Fee | | | A check is enclosed. | | | |
| Publication Fee (No small entity discount permitted) Advance Order - # of Copies | | | Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3478 (enclose an extra copy of this form). | | | |
| | f of Copies | | overpayment, to Depo | authorized to charge the sit Account Number 50 | e required fee(s), any de <u>-3478</u> (enclose a | ficiency, or credit any n extra copy of this form). |
| 5. Change in Entity Stat | | | | | | |
| | s SMALL ENTITY statu | | b. Applicant is no long | | | |
| NOTE: The Issue Fee and interest as shown by the r | d Publication Fee (if requeecords of the United Sta | rired) will not be accepte tes Patent and Trademark | d from anyone other than to Office. | he applicant; a registered | l attorney or agent, or th | ne assignee or other party in |
| Authorized Signature | Cuth | s & Da | Me | Daie November | 10, 2009 | |
| Typed or printed name Curtis B. Hamre | | | Registration No. 29,165 | | | |
| This collection of information an application. Confident submitting the completed | ation is required by 37 C iality is governed by 35 application form to the | FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary | on is required to obtain or r 1.14. This collection is est depending upon the indiv | ctain a benefit by the pu imated to take 12 minut idual case. Any comme | blic which is to file (and es to complete, including this on the amount of the | d by the USPTO to process ag gathering, preparing, and me you require to complete |

building the complete apparation form to the OST 10. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.